Name in Full John A Allen

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month Sept Day 2 f. | Age Y. 47 M. 8 D. | Native of Md | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Single~~ Married ~~Widowed~~ Widower | Divorced

Number of children living 5

Husband of Wife Mary E Allen

Father's Name Joseph Allen Mother's Name

Cause of Death: Primary Uraemia 100

Immediate —

How long sick 14 hours

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by Ed Markle

Address Hagerstown md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Matilda Bentz

Died at Town Hagerstown County Washington Co. MARYLAND

Date 1899 Month 9 Day 9 Age Y. 84 M. D. Native of County Occupation Spinster.

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower Divorced ~~Number of~~ children living

Husband of
Wife

Father's Name

Mother's Name 69

Cause of Death: Primary Acute Bronchitis — How long sick 10 days

Immediate Heart Failure — Accident, Suicide, Homicide

Reported by G. F. Murray MD

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name In Full | Certificate of Death

Jacob Bishop

Died at Town: Smoke town County: Wash. MARYLAND

Date 1894 Month Day: Sept - 4 | Age Y. M. D.: 80-6 | Native of: Penna | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living 1

Husband ~~Wife~~ of Anna Bishop

Father's Name | Mother's Name

Cause of Death: Primary Apoplexy 42 | How long sick: Sudden

Immediate | Accident, Suicide, Homicide

Reported by Dr. S. S. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full

Certificate of Death

Ann Maria Bowman

Died at Town Mt Etna County Wash. MARYLAND

Date 1899 Month Sept Day 7 Age Y. 73 M. D. Netive of Md Occupetion Housewife

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Eli Bowman

Father's Name — Faulders Mother's Name

Cause of Death Primery 44 How long sick 8 yrs

Immediate Paralysis Accident, Suicide, Homicide

Reported by S. S. Davis M.D.

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898

Name in Full

Certificate of Death

Blanch Estell Browne

Town

County

Died at Hagerstown Washington MARYLAND

Date 1899 Month Sept Day 26 | Age Y. 7 M. 6 D. 2 | Native of Md | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name Geo Browne

Mother's Name Mary Browne

Cause of Death: Primary Hydrocephalus 8a — How long sick 3 Wks

Immediate Acute dilitation Heart — Accident, Suicide, Homicide

Reported by Frank N Emmert MD

Address 139 W Washington St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. F5868

Name in Full

Certificate of Death

William Henry Samuel

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month Sept. Day 5 | Age Y. 3 M. mo D. 5 | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband of
Wife

Father's Name Henry Samuel | Mother's Name Homer Samuel

Cause of Death: Primary 161 | How long sick 3 mo

Immediate | Accident, Suicide, Homicide

Reported by A. K. Coffman Undertaker

Address Hagerstown no Physician in attendance

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

John Elmer Cline

Died at Town Pondsville County Washington MARYLAND

Date 1899 Month Sep. Day 30 Age Y. 9 M. 8 D. 4 Native of Md. ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name Charles Cline

Mother's Name Mary Draper

Cause of Death Primary Diptheria 80

Immediate Septic infection

How long sick 10 days.

~~Accident, Suicide, Homicide~~

Reported by J. M. Steck M.D.

Address Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full — Certificate of Death

Flora Cline

Died at Town: Pondsville — County: Washington — MARYLAND

Date 189 — Month: Sept. 27 — Day — Age: Y. 5 M. 8 D. 16 — Native of: Md. — ~~Occupation~~

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

~~Husband of~~ / ~~Wife~~

Father's Name: Chas. Cline — Mother's Name: Mary Draper.

Cause of Death — Primary: Diphtheria — How long sick: 3 days.

Immediate: ~~Heart-failure~~ — ~~Accident, Suicide, Homicide~~

Reported by: Dr. J. M. Steele

Address: Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Helen M Cole

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Sept Day 1 | Age Y. 8 M. 8 D. 24 | Native of Hagerstown | Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Jacob Cole

Mother's Name 79

Cause of Death: Primary Suppurative Tonsilitis

Immediate Toxaemia

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by F. N. Emmert M.D.

Address 135 W Washington St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Aron Draper

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Sept Day 17 | Age Y. 56 M. — D. — | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

Mother's Name 66

Cause of Death: Primary Cardiac Neuralgia — How long sick 16 hours

Immediate

Accident. ~~Suicide. Homicide~~

Reported by E A Wareham

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Henry E Diggs

Died at Town Hagerstown County Wash MARYLAND

Date 1899 Month 9 Day 27. Age Y. 7 M. 5 D. Native of Hagerstown Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name Ida. Diggs

Cause of Death Primary Spasms 49 How long sick 7 da

Immediate

Accident, Suicide, Homicide

Reported by Andrew K Coffman

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 5[illegible]

Name in Full — Certificate of Death

Clarence E. Dilmer-

Died at Hagerstown (Town) Washington (County) MARYLAND

Date 1899 September 21 | Age Y. 14 M. D. | Native of Md. | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living X

Husband of
Wife

Father's Name Edward Dilmer | Mother's Name Emma Dilmer-

Cause of Death — Primary: Diphtheria & C | Immediate: Heart failure | How long sick: Eleven (11) days

~~Accident, Suicide, Homicide~~

Reported by H. S. Dean M.D.

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

Name in Full

Certificate of Death

Eliza Farrow

Died at Town: Hagerstown County: Was MARYLAND

Date 1899 Month: Sep. Day: 16 | Age Y. 50 M. 7 D. 25 | Native of Md | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single Widow ~~Widower~~ Divorced | Number of children living 5

~~Husband~~ Wife of Robt Montgomery

Father's Name Jas Farrow | Mother's Name Rosa Miller

Cause of Death: Primary Cancer of Stomach | How long sick 2 years

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Martin Stitzel | J F Kuhns

Address Hagerstown | Undertaker Williamsport Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Caroline Finley.

Died at Town: Hagerstown. County: Washington. MARYLAND

Date 1899 — Month: 9. Day: 5 | Age: Y. 71 M. D. | Native of: Md. | Occupation: Housewife.

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~

Number of children living 3

~~Husband~~ / Wife of William Finley.

Father's Name: Daniel Bingaman — Mother's Name: — Smith.

Cause of Death — Primary: Paralysis. 44 — How long sick: 2 yrs.

Immediate: Apoplexia. — ~~Accident, Suicide, Homicide~~

Reported by C. K. Schnee.

Address Hagerstown.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Mary Jane Glass

Certificate of Death

Town: Hagerstown County: Washington

Died at Hagerstown MARYLAND

Date 1899 Month: Sept. Day: 27 | Age Y. 11 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name John A. Glass

Mother's Name Mary Glass

Cause of Death: Primary Cholera Infantum 62

Immediate

How long sick 3 days

Accident, Suicide, Homicide

Reported by N. L. Herman M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Dr John D. Fulton

Sec, State Board of Health

#10 South St

Baltimore Md

Name in Full Infant Child Harrish

Certificate of Death

Died at Town Clearfoss County Washington MARYLAND

Date 189 9 Month Sept Day 14 | Age Y. M. D. 6 2 | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Alfred Harrish Mother's Name Mary Harrish

Cause of Death: Primary Cholera Infantum How long sick 30 days

Immediate 82 ~~Accident, Suicide, Homicide~~

Reported by D C R Miller Md

Address Mason & Dixon Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Mrs. Samuel Highberger

Died at Town Hagerstown County Washington MARYLAND

Date 1890 Month 9 Day 2 | Age Y. 69 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of

Wife

Father's Name

Mother's Name 22a

Cause of Death { Primary Consumption | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Frankfurt 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full Still Born Hoffman

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month (9) Sept Day 30 | Age Y. – M. – D. 4 hrs | Native of Hagerstown | Occupation —

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife — — —

Father's Name Wm. H. Hoffman

Mother's Name Jennie K. Hoffman

Cause of Death: Primary — | How long sick —

Immediate still Born | Accident, Suicide, Homicide

Reported by C. M. Suter

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79888

Attended by Dr. H. K. Derr.

of Hagerstown, Md.

Seen by Coroner

of

Information contained in this certificate received from C. M. Suter.

of Hagerstown, Md.

Name in Full — Certificate of Death

Catharine Amelia Hoffman

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 1899 — Month: Sep. — Day: 3d — Age: Y. 27 M. — D. — Native of: Maryland — Occupation: Housewife

~~Male~~ — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: two

~~Husband~~ of Wife: Lloyd K. Hoffman

Father's Name: Isaac G. Beard — Mother's Name: Elizabeth Henyett

Cause of Death — Primary: Tuberculosis of lungs — How long sick: One year

Immediate: same — 22a — ~~Accident, Suicide, Homicide~~

Reported by: O. H. W. Ragan M.D.

Address: Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full Otho F. House

Certificate of Death

Died at Town Breatheds County Washington MARYLAND

Date 1899 Month Sept Day 27 Age Y. 33 M. 2 D. 8 Native of Wash. Co Md Occupation Labover

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Lizzie Kelso

Father's Name Samil W. House Mother's Name Emma Metz

Cause of Death Primary Typhoid Fever 1 How long sick 18 days

Immediate Intestinal Perforation ~~Accident, Suicide, Homicide~~

Reported by V. Mc Reichard M.D.

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

David E Horst

Died Near Hagerstown (Town) Washington (County) MARYLAND

Date 1899 Month Sept Day 21 Age Y. 14 M. 1 D. 1 Native of Washington Co. Doing Farm Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name David H Horst

Mother's Name Mary W Eshleman

Cause of Death: Primary Typhoid

Immediate Exhaustion

How long sick 19 days

Accident, Suicide, Homicide

Reported by A S Neason M D

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Albert Paul Johnston

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: Sept Day: 22 | Age Y.: — M.: 1 D.: 7 | Native of: Maryland | Occupation: ———

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Deceased~~ ~~Number of children living~~

Husband of Wife

Father's Name: J. A Johnston Mother's Name: Gertrude Gordon

Cause of Death — Primary: Marasmus. 82 How long sick: 5 wks

Immediate: Convulsions.

Accident, Suicide, Homicide

Reported by: A. P. Hawken M.D.

Address: Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Diliah A. Keedy

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Sept Day 30 Age Y. 62 M. 9 D. 25 Native of Md Occupation HWK

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widowed~~ Number of children living 3

Husband of Wife Alfred Keedy

Father's Name Mother's Name

Cause of Death Primary Cancer of Breast How long sick one month

Immediate " 25 D ~~Accident, Suicide, Homicide~~

Reported by C. A. Warriam

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Mary Magdalene Laypold

Died at Town Rohrersville County Wash MARYLAND

Date 1899 Month Sept Day 25 Age about Y. 55 M. D. Native of Rohrersville Occupation housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living [illegible]

Husband of Wife John Laypold

Father's Name Hiram Reeder Mother's Name Rose Longman

Cause of Death Primary Typhoid fever 1 How long sick 6 weeks

Immediate

~~Accident, Suicide, Homicide~~

Reported by C D Baker Md

Address Rohrersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Mrs. Robert B. Deah

Certificate of Death

Died at Town Clearspring County Washington MARYLAND

Date 189 9 Month 9 Day 7 Y. M. D. Age 31 | Native of | Occupation

~~Male~~ White ~~White~~ Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name Mrs. Miley

Cause of Death { Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Hancock Star

Address 9-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Clarence A Mack

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Data 1897 Month Sep Day 18th Age Y. 15 M. D. Native of Maryland Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of ~~X~~

Wife

8 N

Father's Name Thos. A. Mack Mother's Name Sophia E Cole

Cause of Death Primary Diphtheria How long sick Two weeks

Immediate Nephritis ~~Accident, Suicide, Homicide~~

Reported by O H W Rogan M D

Address Hagerstown, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Bertha Main

Town

County

Died at Hagerstown Wash MARYLAND

Date 1899 Month Sep Day 26 | Age Y. 28 M. — D. — | Native of Md. | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number ~~of children~~ living

Husband of Wife —

Father's Name J. D. Man

Mother's Name Terrizine Baltzgiver

Cause of Death: Primary Typhoid fever

Immediate Exhaustion

How long sick 5 Wks

~~Accident, Suicide, Homicide~~

Reported by Wm Preston Miller

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Rev Wm. Eugene Main

Died at Town Hagerstown, County Washington MARYLAND

Date 1899 Month Sept Day 2 Age Y. 32 M. 7 D. 21 Native of Maryland Occupation Clergyman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John D Main Mother's Name Temozeene Saltzgiver

Cause of Death Primary Typhoid Fever 1 How long sick 3

Immediate Cerebro Spinal Meningitis Accident, Suicide, Homicide

Reported by A. P. Shaupper M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full

John H. Martin

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: Sept Day: 16 Age Y. 45 M. 11 D. 26 Native of—: American Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living VI

Husband of Wife: Amanda Horch Chambersburg Rd

Father's Name: Abr. Martin Mother's Name: Barbara Winjack

Cause of Death — Primary: Pneumonia & Hepatitis — How long sick: 3 wks

Immediate: Cardiac failure 72 — Accident, Suicide, Homicide

Reported by: A.P. Stouffer, M.D.

Address: Hagerstown, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F6988

Name in Full — Certificate of Death

Philip M Myers

Died at Town: Millstone County: Wash. MARYLAND

Date 1899 Month: Sept. Day: 26 Age Y.: 42 M.: 11 D.: 4 Native of: Md. Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Rasie Myers

Father's Name Jno. Myers Mother's Name Mary Startsman

Cause of Death: Primary Mitral Regurg. How long sick 1 yr.

Immediate Dropsy ~~Accident, Suicide, Homicide~~

Reported by J. W. West M.D.

Address Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Catharine Oneal

Certificate of Death

Died at Town Wmspt County Was MARYLAND

Date 1899 Month Sep Day 16 Age Y. 70 M. Yrs D. Native of Town Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ 0

~~Husband~~ Wife of Thos Oneal 1469

Father's Name Ea Hughes Mother's ~~Name~~ Mrs Hughes

Cause of Death Primary Burned up by clothes How long sick 3 h

Immediate taking fire Accident, Suicide, Homicide

Reported by Harman Calumnan J F Kreps

Address Williamsport Ma Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85068

Dr Richardson

attended

Name in Full

Certificate of Death

Susanna K Shank.

Town: Near Hagerstown | County: Washington | MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
Sept.		24.	6.	21	Washington Co Hagerstown	

Date 189 9

Age

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

~~Husband~~ Wife of Abram Shank

Number of children living 2.

Father's Name Samuel Hosh

Mother's Name Lidia Lesher

Cause of Death — Primary: Appendicies 95 — How long sick: 7 days

Immediate: Operation, Septic Peritonitis. ~~Accident, Suicide, Homicide~~

Reported by A. S. Mason M.D.

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.

LIBRARY BUREAU 65468

Name in Full

Certificate of Death

Lamar Shriner

Town

County Washington MARYLAND

Died at Hagerstown

Date 1899 Month 9 Day 18 | Age Y. M. D. Infant | Native of Hagerstown | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name Arthur Shriner

Mother's Name Margie Shriner

Cause of Death: Primary Simple Aprothy | How long sick for some time

Immediate 161 | Accident, Suicide, Homicide

Reported by T. W. Simmons M.D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificate of Death

Nioma South

Died at Town: Hagerstown County: Wash MARYLAND

Date 1899 Month: Sep. Day: 12. Age Y. 5 M. - D. Native of: Md Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children~~ living

Husband / Wife of ——

Father's Name: Wilton South Mother's Name: Doris Tano

Cause of Death: Primary: Diphtheria 8 N How long sick: 3 mo

Immediate: Paralysis & Exhaustion ~~Accident, Suicide, Homicide~~

Reported by: Wm Preston Miller

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Martin Tilly Sterling

Died at Williamsport (Town) Washington (County) MARYLAND

Date 1899 Month Sept. Day 12 | Age Y. 65 M. yrs D. | Native of Md | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband of Wife Wm Sterling Dec'd

Father's Name Wm Murry | Mother's Name do not Know

Cause of Death: Primary Paralysis 4d | How long sick

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

OVER

Reported by Family

Address Iowa

J. F. Kuhns Undertaker Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70695

Attended by Dr. Annesley

of Town

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full — Certificate of Death

Eliza Stitzel

Died at Town: Hagerstown County: Washington MARYLAND

Date 189? Month: Sept. Day: 15 | Age Y. 48 M. D. | Native of Md | Occupation Housework

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ | ~~Widower~~ | Divorced | Number of children living 5

~~Husband~~ Wife of Martin Stitzel 25 d

Father's Name James Farrow | Mother's Name Rosanna Farrow

Cause of Death — Primary: Carcinoma of Uterus | How long sick 2 yrs.

Immediate: Exhaustion 25 d | ~~Accident, Suicide, Homicide~~

Reported by J. B. Morrison

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Gilbert H. W. Thompson

Died at Town: Hagerstown — County: Washington — MARYLAND

Date 189 9 — Month: 9 — Day: 9 — Age: Y. 8 M. — D. —

Native of: Hagerstown — Occupation: —

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — Widow / Widower — Divorced — Number of children living

Husband of / Wife —

Father's Name: Henry Thompson

Mother's Name: Ada Thompson

Cause of Death — Primary: 152a

Immediate: Electric Shock

How long sick: —

Accident, ~~Suicide~~, ~~Homicide~~

Reported by: C. M. Suter, Undertaker

Address: Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Samuel Thursh

Town

County

Died at Hagerstown Washington MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9 Sep.	17	Age 74	—		Pa	Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~

Number ~~of children living~~ 3

Husband / Wife of Louisa Thursh

Father's Name ... Mother's Name ... 97

Cause of Death — Primary: Nephritis & Cardiac — How long sick: Many yrs.

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Washington Miller

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BSBR

Name in Full

Certificate of Death

Chas Herbert Vance

Vance

Died at Town Hagerstown County Wash MARYLAND

Date 189 9 Month Sep Day 13 | Age Y. - M. 10 D. - | Native of Md | Occupation —

Male / White / ~~Married~~ / ~~Widow~~ / ~~Divorced~~

~~Female~~ / ~~Colored~~ / ~~Single~~ / ~~Widower~~ / ~~Number of children living~~

Husband / Wife of —

Father's Name James Vance

Mother's Name Bertha Vance

Cause of Death: Primary Cholera Infantum

Immediate Exhaustion

How long sick 2 wks

Accident, Suicide, Homicide

Reported by Wm Preston Miller

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

James Wagoner ~~Washington~~

Died at Town Hagerstown County Washington Co — MARYLAND

Date 1894 Month Sep Day 2 | Age Y. 29 M. 4 D. — | Native of — | Occupation Labor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower ~~Divorced~~ Number of children living 3

Husband of Wife Sallie Wagoner

Father's Name — Mother's Name —

Cause of Death { Primary / Immediate Typhoid Fever

How long sick 6 weeks

Accident, Suicide, Homicide

Reported by

Address Hagerstown, Md Chas. B. Boyle M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full — Certificate of Death

Mary Elizabeth Wallick

Town — County

Died ~~at~~ near Hagerstown — Washington — MARYLAND

Date 189 9 — Month 9 — Day 5 — Age Y. 66 M. 10 D. 30 — Native of Md — Occupation Housewife

~~Male~~ — White — Married — Widow — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — Widower — Number of children living 2

~~Husband~~ of Wife Joseph Wallick — 58

Father's Name John Troup — Mother's Name Mary Teisher

Cause of Death — Primary Neuralgia of Heart — How long sick 1/2 hour

Immediate Apnoea — ~~Accident, Suicide, Homicide~~

Reported by J. McP. Scott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full — Certificate of Death

Caroline E Warble

Died at Town: Keheusville — County: Washington — MARYLAND

Date 189 9 — Month: Sept — Day: 1 — Age: Y. 67 M. 2 D. 13 — Native of: Md — Occupation:

~~Male~~ · White · ~~Married~~ · Widow · ~~Divorced~~

Female · ~~Colored~~ · ~~Single~~ · ~~Widower~~ · Number of children living 4

~~Husband~~ / ~~Wife~~ of Amos E. Warble

Father's Name: Jacob Horner — Mother's Name: Mary Horner

Cause of Death — Primary: Paralysis 44 — How long sick: 7 days

Immediate: Spasms

~~Accident, Suicide, Homicide~~

Reported by Dr S.H. Imstat

Address Keheusville Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full

Certificate of Death

Abraham Washington

Died at Town: Hagerstown County: Washington — MARYLAND

Date 1899 Month: 9 Day: 23 | Age Y.: 74 M.: — D.: — | Native of: Hagerstown | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 4

~~Husband of~~ ~~Wife~~

Father's Name

Mother's Name

Cause of Death — Primary: 141 — How long sick: Several months

Immediate: General debility — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by L. M. Watkins, Undertaker

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79508

Attended by Dr. none called

of _____

Attended by Dr. none called

_____

Information contained in this certificate re-
ceived from Children

of Aaron Washington City

Name in Full Mary Whitmore

Certificate of Death

Died at Town Mills County Washington MARYLAND

Date 1899 Month Sep Day 28 Age Y. 7 M. 4 D. 9 Native of Md. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Whitmore

Mother's Name Susan Wyssinger

Cause of Death Primary Diptheria 8a How long sick 7 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by J. H. Wishard M.D.

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John A Willet

Died at Town Williamsport County Washington MARYLAND

Date 1899 Month Sept Day 2 | Age Y. 37 M. 5 D. - | Native of Maryland | Occupation Engineer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife Lala May Marr 80

Father's Name — Mother's Name —

Cause of Death: Primary Round Ulcer of stomach | How long sick 7 wks

Immediate Hormorrhage | Accident, Suicide, Homicide

Reported by A.P. Stauffer

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79886

Name in Full Certificate of Death

Ewd F. Wilson

Died at Town Hagerstown County Wash MARYLAND

Date 189 9 Month Sept Day 14 | Age Y. 8 M. D. | Native of Md | Occupation Child

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Thomas Wilson Mother's Name Annie Ruck

Cause of Death Primary Diphtheria 8a How long sick 15 hrs

Immediate ~~Accident, Suicide, Homicide~~

Reported by W B Morrison

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898